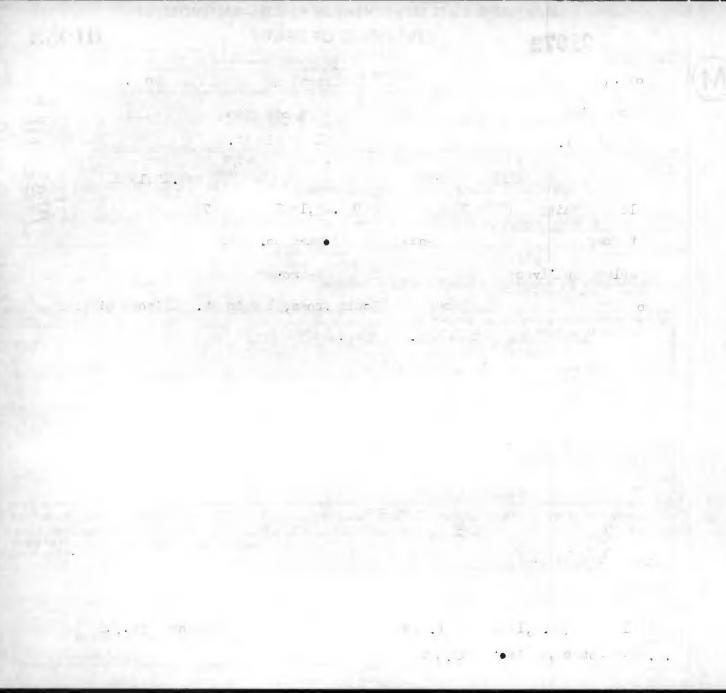
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

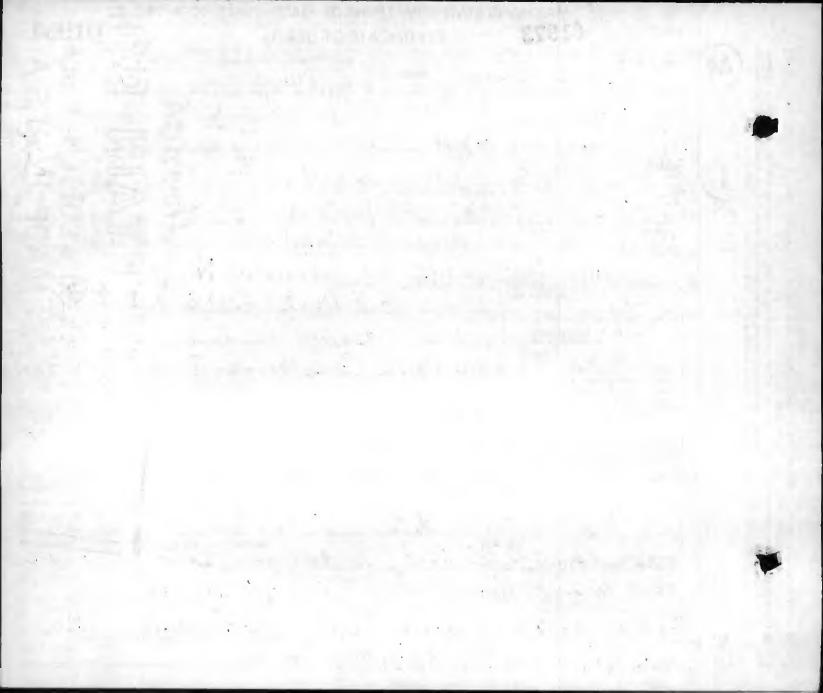
01972 CERTIFICATE OF DEATH

Reg. Dist. Q1953

	V V L							-		
1. PLACE OF DEATH o. COUNTY Howard		1	MARYLAI		USUAL RESIDENCE o. STATE Marvla		ed fived. If instituti b. COUNTY	on: Residenc	e before o	dmission)
b. CITY OR TOWN I RURAL and give n		s, write	c. LENGTH OF STAY IN	16			orate limits, write R		ive nearest	town)
Ellicott					Ellico	tt City				
d. NAME OF HOSPI OR INSTITUTION 81 Maj	TAL (If not in haspital, g	ive street	address)		d. STREET ADDR				(RESIDENCE ON A FARM?
-			- 4		+	1				
3. NAME OF DECEASED (Type or print)	ISABEI	IE	Middle CROSS		Last	4. DATE OF DEATI	Feb. 27	1962	Day	Year 19
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	☐ B. O	ATE OF BIRTH		9. AGE (in years last birthday)	IF UNDER		UNDER 24 HRS
Female	White	WIDOW	EDT DIVORCED	100	t.29,188	3	78 yrs.	Manths	Days H	ours Min.
		lane 10b.	KIND OF BUSINESS OR I					12. CITIZ	EN OF WE	AT COUNTRY
during most of war	king life, even if retired)		None			Co. Mo				
13. FATHER'S NAME				1	4. MOTHER'S MA	IDEN NAME				
Mahla	Sullivan				Unkno	AND THE REAL PROPERTY AND THE PERTY AND THE				
	ER IN U. S. ARMED FOR	CES2 14	SOCIAL SECURITY NO	INFO	RMANT	WII	Add	ress		
(Yes, no, or unknown)	(If yes, give war or dates of se	ervice)	SOCIAL SECORITY ING.							
No			None	Loui	s Cross.	81 Main	St. Ellic	ott_C	ity.M	d
18. CAUSE OF DE	ATH Enter anly one co	use per li	ine for (a), (b), and (c).]						INTERVA	AL BETWEEN
	ATH WAS CAUSED BY:			no	and a				ONSET	AND DEATH
1 8	IMMEDIATE CAUSE (o)	- 2	-ardiac	1-46	4521					
4-9	DUE TO	/								
1	3/1	4	/	1					- 5	1 -
Conditions, if			I neumon	100					3 1	Jay s
gove rise to			`							
lying couse last.										
	. 10								- Inc.	
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE	ETERMINAL DISEA	SE CONDITION GIV	EN IN PART	P	VAS AUTOPSY ERFORMED?
20g, ACCIDENT W	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	JRRED. (E	nter nature of inj	ury in Part I ar Pa	art II of item IB.)			
20c. TIME OF INJU	RY Manth, Day, Yea	While		e. PLACE factory	OF INJURY (Ham, street, office bld	e, farm, 20f. (Ci g., etc.)	ty ar tawn)	(C	aunty)	(State
01 1 414			16 \ 0 =	a	30	n - 2-	//			
21. I certify t	hot I ottended the	deceos			, 19, to	- F-	19.60	Mat I las	st sow th	ne decease
alive on	-24	. 19	ond that de	oth oc	curred at	AM, from	the couses ar	d on the	date st	ated obovi
./							Street, city or town,			DATE SIGNE
ACTUAL	11 H						,	,	-	1-74-
SIGNATURE	1 mor			M.D						
PHYSICIAN'S NAME (Type)										
	ON, 22b. DATE THEREO	F	22c. NAME OF CEMETE	RY OR CI	REMATORY	22d. LOC.	ATION (City, town,	or county)		(State)
REMOVAL (Specify	Mar. 2.19	060	St. Johns			T-	llicott (14 + ar 16	d	
23. FUNERAL DIRECTOR		(S-18	ADDRESS	,	240	REC'D BY REGI		STRAR'S SIG		
	othom, Ellic									
L.O. HTRTH	COLIMIT PETET	200	orch, Ma		DA	TE MAR 1	162	illum d.	Mount	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

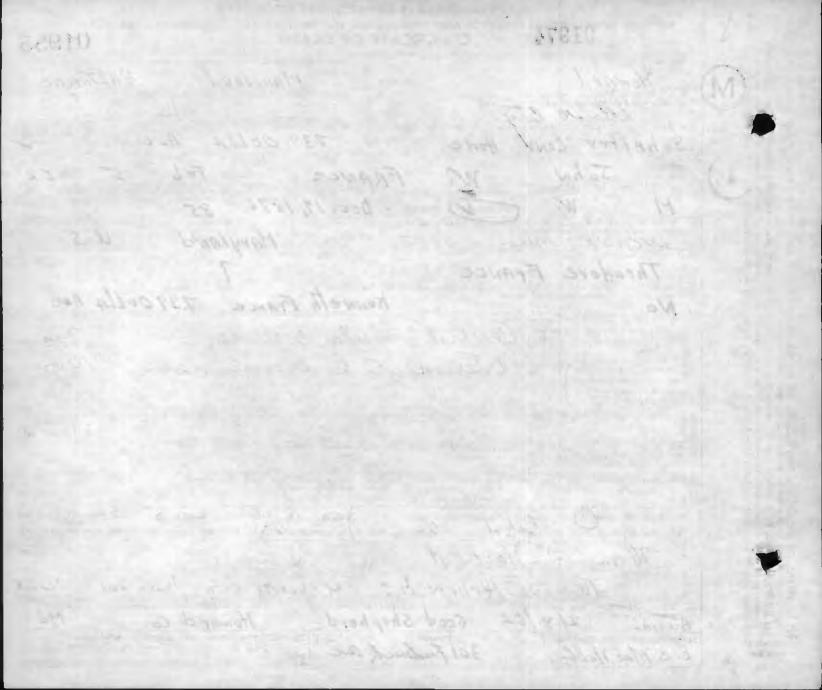


1	MARYLAND STATE DE	PARTMENT OF	HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS	301 W. PRESTON	STREET, BALTIMORE 1,	MARYLAND
01974	CERTIFICATI	E OF DEATH		019

01374	CERTIFICATI	OF DEATH		01955
I. PLACE OF DEATH		2. USUAL RESIDEN	ICE (Where deceased lived, If in	
b. CITY OR TOWN if outside corporate limits,	MARYLAND	CITY OF TOWN	RY AND (If outside corporate limits, write	OHLIMORE
write RURAY and give neerest town)	c. LENGTH OF STAT IN ID	DE 1	(It outside corporate limits, write	KOKAL and give neelest town)
d. NAME OF HOSPITAL OR INSTITUTION (if Job in	hospital, give street eddress)	d. STREET ADDRESS	LIT IVIA	1 o. IS RESIDENCE
0 1.16am 1	Home	739	Ocila Au	ON A FARM? YES NO
NAME OF First	Middle	Last	4. DATE Month	Dey Yeer
(Type or print) John	W. FR	ANCE	DEATH Feb	5 1962
. SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
M WIDO	OWED DIVORCED	Dec. 19, 18	76 85 yrs.	Months Days Hours Min.
one during most of working life, even if retired)	S. KIND OF BUSINESS OR INDUS	TRY 11, BIRTHPLACE (Cou	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
DICKEY MILLS	RET.		MAYYLAND	U.S
. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Theodore Fran	VCB		1	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, of unkown) (lityes give were relates of service)		INFORMANT	Address	. 11 .
No	1/5	enneth Fr	ANCE 739	Oella Ave
18. CAUSE OF DEATH [Enter only one couse ;	per line for (e), (b), and (c).)	1 .	1	INTERVAL BETWEEN ONSELAND DEATH
PART I. DEATH WAS CAUSED BY:	cretral va	enly Oce	luxon	Ila.
DUE TO	.t. 1	- 0. 1.	1	11/2
Conditions, if eny, which [b]	remoderat	¿ Candiro	morlin desta	use logu.
gave rise to immediate cause (a), stating the underlying DUE TO				V
cause lest, (c)		4	***	
PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART III. OTHER SIGNIFICANT CONDITIONS OF THE	CONTRIBUTING TO DEATH BUT N	TOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	PERFORMED?
				YES NO
208. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCUR	ED. (Enter natura of injury in	Part I or Part II of Itam 18.)	
		ACE OF INJURY (Home, fer- ctory, street, office bldg., etc		(County) (Stata)
p.m, 19 af	work at work			
21. I certify that (I) (this hospital) at	tended the deceased from	1	1), 19.6.7, that (1) (we) las
saw the deceased alive on	19.4.7 and the	at death occured all.		and on the date stated above
220. SIGNATURE	obert.		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Thomas F. 1	Herbert M.D.	alles	not City Ma	ingled 26.6
30. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETER	OR CREMATORY	23d. LOCATION (City, low	on or county) (State),
BUVIAL 2/8/62	Good Shep	herd	HOWAY & C	o, Md
4 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2 Y 250. RE	C'D BY REGISTRAR 256. REG	ISTRAB'S SIGNATURE
E. S. Mac Nobb	301 Frederica	are DATE	158 9 05	China S. Thank

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of death. Page 44-39 be retained by the hospital or attending physician.

S > TO FUNERAL (RECTOR: After this certificate has been signed by the attending physician and completely filling by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death.



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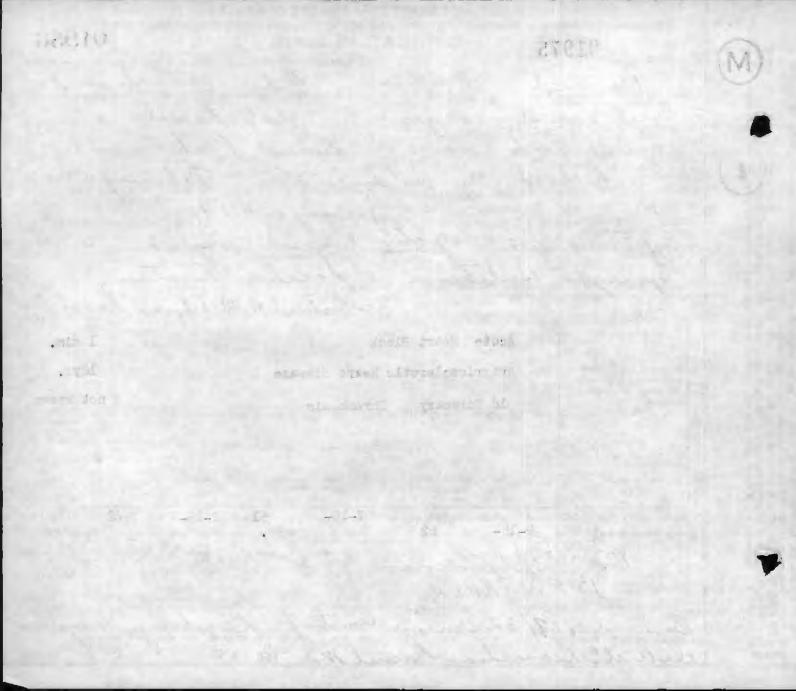
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

01956 01975

1. PLACE OF DEATH	2. USUAL RESIDENCE (W	here deceased lived, If Institution: Residence before admission)
a. COUNTY 4	e. STATE	b. COUNTY
- Handed	MARYLAND /NA	Haward
b. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town)	TH OF STAY IN 16 c. CITY OR TOWN (If outsi	de corporate limits, write RURAL and give neerest town)
Kural Laurel 20	Mary X King at	Laurel
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give		e. IS RESIDENCE
1 1 0 1 -		ON A FARM?
namel and ar	m hamel	ach larm YES NO
3. NAME OF Pirst		OF Month Day Yaar
(Type or print) (Cathan 1 H		DEATH (7) (5-19 6.2.
5. SEX 6. COLOR OR RACE 7 MADDIED NEW	PER MARRIED 80 DATE OF BIRTH	9. AGE (In yeers IF UNDER 1 WAR IF UNDER 24 HRS.
6. COLOR OR RACE 7. MARRIED NEV	ER MARRIED ()	last birthday) Months Days Hours Min.
WIDOWED [DIVORCED J January 25	1881 8 1 vrs.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BL		tete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
dona during most of working life, even if ratired)	Quality 11	11 2 1150
manufacturers agent	durature nean	Vergener USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	2 12
1 de la la la Tra		E W. T
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL S	ECURITY NO. 17. INFORMANT	Address
(Yes, no, or unkown) (Wesgivewerordatesafservica)	TA DI	1171
- nes	Mrs Richard 14	- Sulcheson fairel Mo
18. CAUSE OF DEATH [Enter only one cause per line for (e)	(b), end (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (a) ACUE H	eart Block	l min.
A O O DUE TO		
Conditions, if eny, which \ (b) Arterios	elerotic Heart disease	lOyr.
geve rise to immediate cause [STOIDOTO MOST O CIDESSE	2011
(a), stelling the underlying DUE TO		mah 3
ceuse last. (c) Old Corol	nary Thrombosis	not known
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERMINAL D	SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		YES NO
20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HO	W INJURY O CCURED, (Enter nature of injury in Part 1	
208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HO	W INJURY O'CCURED. JERIEF Refuse of Injury in Part I	or ren it of new to.)
20c, TIME OF INJURY Month, Dey, Yeer 20d, INJURY O. While Not	CCURRED 20e. PLACE OF INJURY (Home, ferm, 1 20)f. (City or town) (County) (State)
Hour a.m. While Not	While factory, street, office bldg., etc.)	
p.m. 19 at work at v	work	
21. I certify that (I) (this hospital) attended the	deceased from 7-10- 151	19.62, that (I) (we) last
	and that death occurred at. J.E. W.	, from the causes and on the date stated above.
1 22a SIGNATURE / % / / # #		STAFF 225. DATE SIGNED
226. SIGNATURE	ATTENDING MED	
10.1/1/10	M.D. PHYS. DIRECT	
22c. PHYSICIAN'S		
22c. PHYSICIAN'S A DILLON	M.D. PHYS. DIRECT	
22c. PHYSICIAN'S BPWARRE.	M.D. PHYS. DIRECT	OR PHYS.
22c. PHYSICIAN'S BPWARE 23c. BURIAL, CREMATION, 23b. DATE THEREOF 23A NO	M.D. PHYS. DIRECT	
22c. PHYSICIAN'S NAME (Type) BPWARE 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 239 No	M.D. PHYS. DIRECT 22d. ADDRESS AME OF CEMETERY OF CREMATORY 234	OR PHYS.
22c. PHYSICIAN'S BPWARKE. 23e. BURIAL, CREMATION, 23b. DATE THEREOF 239 No. REMOVAL (Specify) 2/7/62	M.D. PHYS. DIRECT 22d. ADDRESS AME OF CEMETERY OF CREMATORY Linetry 23d	I. LOGATION (City, town or county) (State)
22c. PHYSICIAN'S NAME (Type) BPWARKE. 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2/7/62	M.D. PHYS. DIRECT 22d. ADDRESS AME OF CEMETERY OF CREMATORY 23d 23d 23d 23d 23d 23d 23d 23	I. LOGATION (City, town or county) REGISTRAR 25b. REGISTRAR'S SIGNATURE)
22c. PHYSICIAN'S BPWARKE. 23e. BURIAL, CREMATION, 23b. DATE THEREOF 239 No. REMOVAL (Specify) 2/7/62	M.D. PHYS. DIRECT 22d. ADDRESS AME OF CEMETERY OF CREMATORY Linetry 23d	I. LOGATION (City, town or county) (State)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND P.11m G307 2/13/62 iwk

2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) PLACE OF DEATH e. COUNTY e. STATE h COUNTY Page files. Health, Dist. of Columbia Howard MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest lown) write RURAL end give neerest town] 10 Washington Lchester d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE the funeral or retained for he State Boa ON A FARM? Ilchester Road and Bonnie Branch Road 610 YES NO NAME OF Middle DATE Month Day Yeer DECEASED OF the DEATH (Type or print) 1962 Fabruary ive Pages 1, 2, and 3 to PM3. Page 5 may be e pages 1 and 2 with t within 72 hours after 5. SEX 6. COLOR OR RACE 7. MARRIED W KNEVER MARRIED 8. DATE OF BIRTH AGE (In yours) IF UNDER 1 YEAR ! IF UNDER 24 HRS. last birthdey) Months Hours Colored Male WIDOWED [DIVORCED VIE. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Washington, D.C. U.S.A. Truck Driver 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME with form PM permit. File parmit. File parmit. Daniel Kelly Mary E. Stewart 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, np, or unkown) | (If yes give wer or detes of service) in Item 18. CAUSE OF DEATH |Enter only one couse per line for (a), (b), and (c),] INTERVAL BETWEEN ing" in pencil in Its ar's Office along v is a burial-transit p removal, and in a ONSET AND DEATH racture Compound, Comminuted PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which 161 geve rise to immediate cause pending DUE TO (e), steting the underlying 52 Examiner ld be used remation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY Medical Ex PERFORMED? NO Z 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part | or Part |) of item 18.) certificate, writing the warded to the Chief Media
RECTOR: Page 3 should 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) Not While et work 3 et work TOWALC Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion death resulted from: Suicide Homicide Undetermined manner Natural causes DIREC CHIEF MEDICAL EXAMINER lease executaristics is should be forw.

FUNERAL DI ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) [Stele] REMOVAL [Specify] Harmony Memorial Park Huntsville, Maryland 240 p 0 ADDRESSWash. D. C. 248. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME Withing S. Thousa MALVAN & SCHEY, INC. 424 "R" St. N. W. SM 9/60

STRANGE CONTRACTOR OF THE PROPERTY OF THE PROP 1 - In, 10 , 11 . The state of the s 12000 4 , 2 - 4

and 2 should OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL TRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours and

1.

3.

5.

10a do

13.

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MEDICAL CERTIFICATION

23

24

MARYL	AND STATE DEPA	RTMENT OF HEALT	r H	
DIVISION OF STATISTICAL RESEAR 01977	CH AND RECORDS, 30 CERTIFICATE		, BALTIMORE 1, M.	01958
PLACE OF DEATH a. COUNTY Howard		USUAL RESIDENCE (Where do	F COUNTY	asidanca bafore admission)
write RURAL and give nearest town) Elkridge	LENGTH OF STAY N 16	c. CITY OR TOWN (Hourside compo Elkridge (Baltim		_
d. NAME OF HOSPITAL OR INSTITUTION (Tinet in hospital) 6800 Washington Blvd. 7. NAME OF	, ,	5800 Washington	Blvd.	e. 15 RES.DENCE ON A FARM? YES NO ROW Pay
DECEASED (Type or print) Lydia 5. SEX 6. COLOR OR RACE 7. MARRIED	01 fl	CY OF DEATH	February	5, 1962 YEAR, TE UNDER 24 HRS.
famale white WIDOWED		,	last birthdey) Months E 59 yrs. Months E foreign country) 12. CIT.	ZEN OF WHAT COUNTRY?
housewife 13. FATHER'S NAME	14.	Massachusetts MOTHER'S MA DEN NAME	U.	S. A.
Joseph Silhan 15. WAS DECEASED EVER N.U.S. ARMED FORCES? 16. SC (Yas, no, or unkown) (Ifyasgivawarordalasofsarvica)	CIAL SECURITY NO. 17. INFOI	Julia Unknown	Address	-
Conditions, if any, which (b) Cattle gave rise to immediate cause (a), stating the underlying cause last.	or for (a). (b), and (c).) providescular societies Hyperter	Cardio Vascul	la Onetare	INTERVAL BETWEEN NISET AND DEATH
Vialeter 8	IBUTING TO DEATH BUT NOT RELY MULTURE BE HOW INJURY OCCURED, (Ente			1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1
20c. TIME OF INJURY Month, Day, Year 2Dd. INJ Hour a.m. While p.m. 19 at work		INJURY (Homa, farm, 20f, (City eat, office bldg., etc.)	r or town] [Cour	nty] (Stata)
228 SIGNATURE PHYSICIAN'S NAME (Type) James Frederic 230 BURIAL CREMATION 7 23b, DATE THEREOF	19.6.3 and that deat	ATTENDING MED. PHYS. DIRECTOR DIRECTOR Francis Av	the causes and on the staff phys. enue, Haletho	he date stated above. 22b. DATE SIGNED prpe 27, Md
Burial (Spacify) 2/8/62 2/8/62 4/9 4	Meadowridge Ceme		idge, Howard	SIGNATURE



01070

01959

	_01.71.4										
1. PLACE OF DEATH 6. COUNTY HOWARD	1		MARI	LAND	o. STATE	ENCE (Who		tived If institute 6. COUNTY	on: Residenc	e before	admission)
	f autside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	1			rote limits, write R		ive neares	st town)
RURAL and give no	City, Md		10 days		X Hig	hland					
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g	ive street c	·		d. STREET A	DDRESS					IS RESIDENCE ON A FARM? (ES NO
3 NAME OF							4. DATE				
DECEASED (Type or print)	Nel:		Middle Carm		Reinoe		OF DEATH	FER	3,	13 13	Yeor 19 6
S. SEX	6 COLOR OR RACE	7. MARRI	ED NEVER MARRI	ED 🔲	B. DATE OF BIRTH	1		9. AGE (In years lost birthdoy)			UNDER 24 HR
emale	White	WIDOWE	DIVORCE	0 🗆	June 8,	1884		77 yrs	/ VIOIIII	ouys	10012 Mint
10a. USUAL OCCUPATION during most of work	ON (Give kind of work	done 10b. I	CIND OF BUSINESS C	R INDUS	TRY 11. BIRTHPL	ACE (State i	or foreign co	ountry)	12 CITIZ	ZEN OF W	HAT COUNTR
Housewife		'				irgin				US	A
13 FATHER'S NAME					14. MOTHER'S						
Lewis Ca	arman				Rebec	ca Bu	ckey				
IS. WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16. 9	SOCIAL SECURITY NO). 17. IN	FORMANT			Add	ress		
(Yes, no, or unknown)	(If yes, give wor or dates of s	ervice)	None		Clizabe	th Ad	ams-I	tem # 2			
Conditions, if a gove rise to i cause (a), stoting sying cause lost.	mmediale Dus To	An	tonios	lon	0818	Jones	rali.	zal		Una	lneur
Catio	HER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THETERMI	NAL DISEAS	EJCONDITION GIV	/EN IN PART		WAS AUTOPS PERFORMED? 'ES NO [
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY C	CCURRED). (Enter noture o	finjury in f	Port I ar Por	t II of item 18.)			
Y 20c. TIME OF INJUING Hour a.m., p. m.	RY Month, Doy, Ye	or 20d. IN While of work	JURY OCCURRED Not while of work	20e. PL/ foc	ACE OF INJURY (I tory, street, office	Home, farm, bldg., etc.	, 20f. (City	or town)	(0	ounty)	(Sto
21 I certify the	at (1) (this hospita sed alive an 2	ottend					M, fram	the causes ar			
220 SIGNATURE	D prime	Ja	you	ł	ATTENDING	G ME	D RECTOR 🔣	STAFF PHYS		2/	226 DATE 13/62
22c. PHYSICIAN'S NAME (Type)	Irving J.	Tayl	.or		22d. ADDRI Tayl		anor l	Hospital	,Elli	cott	City
23a. BURIAL, CREMATIC REMOVAL (Specify, BUTIAL	2/15/62		23c. NAME OF CEM		R CREMATORY			rd Count		ry 1 an	(Stote)
24 FUNERAL DIRECTOR			ADDRESS			25a. REC'I	D BY REGIST	RAR 256 REGI	STRAR'S SIC	SNATURE	
Tyson Wheel	er Funeral	Home-	1331 E. Mo	ntg.	Ave.,	DATE	6 D 7C1		1 - 0 :	4	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death Page 4 uneral director, d be filed with may be retained by the haspital or attending physician.

TO FUNERAL DIFF OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be stached far use as the burial-transit permit. Then please remave carban papers Pages i and 21 the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/59



death.

haurs

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

01980

01961

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clarksy11le d. NAME OF CHOSPITAL (If not in haspital, give street eddress) Hinkson Nursing Home 3. NAME OF SEX COLOR OR RACE (I) SEX C	a. COUNTY Howard	тн	MARYLAND	2. USUAL RESIDE	ENCE (Where deceased	b. COUNTY	on: Residence	before admission)
RURAL ord give nearest fown) Clarksville d. NAME OF HOSPITAL (If not in haspital, give street address) Co. NASTITUTION Hinkson Nursing Home d. Street Address d. Street Address hinkson Nursing Home d. Street Address d. Street Address d. Street Address d. Street Address d. DATE DECASAD (Type or print) SEX 6. COLOR OR RACE White WIDOWED DIVORCED 100 100 101 101 101 101 101 1	b. CITY OR TO	WN (If outside corporate limits, wr	ite c. LENGTH OF STAY IN 16		DWN (If outside corpor	ote limits, write RI	URAL and give	e nearest town)
OR INSTITUTION Hinkson Nursing Home 603 Elmire St. S.E. Vest North Marie Voss 6. Color or Race 7. Married Nover Married 8. Date of Birth 9. AGE (in year) Feb. 20, 1962 19 5 SEX 6. COLOR OR RACE 7. MARRIED Nover MARRIED Nover MARRIED Nover MARRIED Nover MARRIED Nover Married 9. AGE (in year) 101 SUML OCCUPATION (Give kind of work done of lob. Kind of Business or Industry) None 102 LSUAL OCCUPATION (Give kind of work done of lob. Kind of Business or Industry) None 103. FATHER'S NAME 104 Months 105 SEX 106 COLOR OR RACE 7. MARRIED NOVER	RURAL and	give nearest town)					4	41X 3
Hinkson Nursing Home 603 Elmire St. S.E. YES No. 1 3. NAME OF BECEASED (Type or print) Catherine Marie Voss Lost Voss DEATH Peb. 20, 1962 199 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Peb. 20, 1962 199 100 LUSUAL OCCUPATION (Give kind of work dame during most of working life, even if retired) None Voss None Voss V	d. NAME OF H	IOSPITAL (If not in haspital, give st	reet address)	d. STREET AD	DRESS			e. IS RESIDENCE
Catherine Marie Voss Open	/			603 Elr	mire St. S.	E.		YES NO
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year) IL UNDER 1 YEAR IF UNDER 21 HOUSE RY HOUSE WIDOWAY IL OST OF BIRTH 9. AGE (In year) IL UNDER 1 YEAR IF UNDER 21 HOUSE RY HAT COUNT WAS ANDER NAME JOSEPH W. VOS 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECASEDEVER IN U. S. ARMED FORCES? (In year wor of data of server) 16 SOCIAL SECURITY NO. 17 INFORMANT 17 INFORMANT 18 Address 18 Address 19 Addr	3. NAME OF	First	Middle	lost	4. DATE	Mon	th	Day Year
S. SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED NEV		Catherin	e Marie	Voss		Feb. 20.	1962	19
Female White WIDOWED DIVORCED 9-28-1961 973 4 22 10 10 10 10 10 10 10	5 SEX	6. COLOR OR RACE 7. A	ARRIED NEVER MARRIED	8. DATE OF BIRTH		9 AGE (In years	IF UNDER TY	
None None Washington, D. Address Joseph W. Voss Social Security No. 17 INFORMANT No or unknown. No Mrs. Diane Duffey 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. Address No Due To Conditions, if any, which gave rise to immediate cause (a), stating the under lying couse last. Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I (a) 19 WAS AUTOP PERFORMED? YES NO NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part II of stem 18) ON CONTRIBUTING CAUSE OF DEATH [I of stem 18] 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH [I of stem 18]	Female	White wo	OWED DIVORCED	9281961	L	, ,	7	
None	10a USUAL OCCI	JPATION (Give kind of work done of working life, even if retired)	106, KIND OF BUSINESS OR INDL	STRY 11. BIRTHPLA	CE (Stale or foreign co	untry)	12 CITIZE	N OF WHAT COUNTRY
Joseph W. Voss 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT NO 18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate cause (o), stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(o) 19 WAS ALTOP PERFORMED? YES OR CONTRIBUTING CAUSE OF DEATH TO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH TO CAUSE OF DEATH ONS DIANE DUE TO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(o) 19 WAS ALTOP PERFORMED? YES NO. NO. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(o) 19 WAS ALTOP PERFORMED? YES NO. 100. ACC.DENT WAS UNDERLYING DO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH		warking ma, even in remedi	None	Wash:	ington, D. '.			
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15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (If yes, give wor or dotter of service) NON 18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate cause (o), storting the under-lying couse last. Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE COND TION GIVEN IN PART I (o) Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE COND TION GIVEN IN PART I (o) Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE COND TION GIVEN IN PART I (o) POR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH	,To	seph W.Voss		Diane	e Duffey			
NO None Mrs.Diane Voss, 603 Elmire St.S.E., Wash, D.C. 18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Acute cardiac failure 1 hour Conditions, if any, which gave rise to immediate cause (o), stating the under lying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(a) 19 WAS AUTOP PERFORMED? YES \(\text{NO.} \) NO. 20. ACCIDENT WAS UNDERLYING \(\text{D} \) COUNTRIBUTING \(\text{D} \) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18) 20. ACCIDENT WAS UNDERLYING \(\text{D} \) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18)	15. WAS DECEASE	DEVER IN U. S. ARMED FORCES?	16 SOCIAL SECURITY NO. 17			Addi	·ess	
18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Acute cardiac failure Conditions, if any, which (b) Conditions, if any, which (b) Conditions, if any, which (b) DUE TO Influenza 3 days Part II Other Significant Conditions Contributing to Death But not related to the terminal disease COND TION GIVEN IN PART I(o) Part II Other Significant Conditions Contributing to Death But not related to the terminal disease COND TION GIVEN IN PART I(o) Performed? YES \(\) NO. 20a. ACCIDENT WAS UNDERLYING \(\) OR CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18)		(it yas, give wor or odies or service)	None M	rs.Diane	Voss .603 El	mire Sta	S F.	Wash, D.C.
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) Acute cardiac failure Conditions, if only, which gave rise to immediate couse (c), stating the under lying couse last. Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(c) Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(c) PROTE TO THE TERMINAL DISEASE COND TION GIVEN IN THE TERMINAL DISEAS		F DEATH Enter only one cause p			<u>, </u>		1	INTERVAL BETWEEN
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Conditions, if only, which gove rise to immediate couse (a), stating the under lying couse last. Due to Part II Other significant conditions contributing to death but not related to the terminal disease condition given in Part I(a) 19 WAS ALTOP PERFORMENT (CONGREDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS ALTOP PERFORMENT (Enter noture of injury in Part I or Part II of Item 18) 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 18)	1	Jan 19 19 19 19 19 19 19 19 19 19 19 19 19	110000 Carara					11001
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		/ (4	NS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO	THE TERMINAL DISEASE	COND TION GIV	EN IN PART 1	(o) 19 WAS ALTOPSY
	CATIO							PERFORMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (Sto		JIJNG TI CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of	injury in Port I or Part	II of item 18.)		
	ZOc. TIME OF		1-			or town)	(Cou	inty) (State
Hour o. m. While Nat while factory, street, office bldg., etc.)	Mour	10 11	mie isol wisie	iciory, arreer, orrice	ordgr., erc.)			
21 I certify that (I) (this haspital) attended the deceased framOct. 18 , 1661, to Feb. 20 , 1962, that (I) (Kar II)	21 I certif	that (1) (this hasnital) at	ended the deceased from	oct. 18	1061 to 1	Feb. 20	1962	that (1) 0535 fas
saw the deceased give an Feb. 7 1962, and that death accurred at 5A M, from the causes and an the date stated above	saw the d	ereased give on Feb.	7 1962 and that	death accurred				
22a, SIGNATURE 22b, DATE			TOTAL TOTAL TOTAL TOTAL			ine cooses on	d on me c	22b, DATE
Charles S- What when M.D PHYS MED. STAFF DIRECTOR PHYS D 2-20-6		Churles S.	- Who take	M.D PHYS	MED. DIRECTOR	STAFF PHYS		2-20-62
22c. PHYSICIAN'S 22d ADDRESS		AN'S	1	22d ADDRES				
NAME (Type) Charles S. Whitaker, M.D. Clarksville, Maryland	NAME (I	Charles S.	Whitaker, M.D	. C1	arksville	e, Mary	land	
23a BURIAL, CREMATION, 23b, DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) (State)			23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCAT	ION (City, town, o	or county)	(State)
REMOVAL (Specify) Burial 2-23-62 Rock Creek Washington, D.C.			Rock Creek	ic .	Wash	ington.T).C.	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				· ·				IATURE
F.C. Higinbothom, Ellicott City, Nd DATE FEB 21 '62	F.C. Higi	nbothom, Ellicot	t City, Md		DATE FEB 21	62	who will be	*trace

VR A15 (4) 15M 9/59



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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please exe-	cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be		I O PUNEKALL TOOK: Page 3 should be used as a burial-transit permit. File pages I and 2 with the registrar production, cremation,	
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VS. A15MI(5) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1981 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Keg.	Dist. Mor	

HOWARD MARYLAND D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City 16 yrs. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City 1. STREET ADDRESS Sylvan Lane Ellicott City Sylvan Lane First Middle Lost 4. DATE Month Doy Year ON A FARM? YES NOPE S. SEX 6. COLOR OR RACE WINDSOR Married NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 111. BIRTHPLACE (State or foreign country) 122. CITIZEN OF WHAT COUNTRY Town the second of the country of the c	1.	PLACE OF DEATH			2. USUAL RESIDENCE	_			before odn	nission)
BILICOTT CITY d. NAME OF MOSPITAL OF INSTITUTION (If not in hospital, give street oddress) Sylven Lene First Middle Middl	-	1 2000	Law Italy Law		Me.			TIO W.		
C. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give lived address) C. STEET ADDRESS Sylvan Lane I. I. STEET ADDRESS Sylvan Lane I. I. Sylvan Lane		and give nearest town			1/			RURAL and give	negrest to	own)
Sylvan Lane Elliott City Sylvan Lane Yes No. 3. NAME OF OPERAN OPERAN Middle WINDSOR SATE Mooth 2	-					tt City				
S. NAME OF ORCEASED HAROLD First Middle LEE WINDOR A. DATE Doy Year 16 S. SEX A. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRITH P. AGE IN-HOLD MIDDLE 24 MES Married Marrie		G			1 1 1 1 1	Tono			ON	A FARM?
S. SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED NOORCED S. DATE OF BIRTH S. AGE 19-10-19-19-19-19-19-19-19-19-19-19-19-19-19-	=				4				YES	_ NOVE
Male White Widowed Divorced 6/9/1906 Section Done Done Done Min. Done Min. Done Done Done Done Done Min. Done		DECEASED (Type or print)	HAROLD	LEE		OF			oy .	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECCASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. Address 16. SOCIAL SECURITY NO. 17. INFORMANT 18. Address 16. SOCIAL SECURITY NO. 17. INFORMANT 18. Address 18. Address 18. Address 19. Address 18. Address 19.		Male	White w	DOWED DIVORCED	6/9/1908	1	55 yrs.			-
Thomas Ice Windsor 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 213-10-7366 The proposed of the pr				Woolen Mill			'ry)		-	Stat
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If pin, give were recided of worked) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: MYO CATCIAL INFORMANT 19. PART I. DEATH WAS CAUSED BY: MYO CATCIAL INFORMANT MYO CATCIAL INFORMANT MYO CATCIAL INFORMANT Address City, Ma. No. 19. PART II. DEATH WAS CAUSED BY: MYO CATCIAL INFORMANT MYO CATCIAL INFORMANT Address City, Ma. No. 19. PART II. DEATH WAS CAUSED BY: MYO CATCIAL INFORMANT MYO CATCIAL MYO MYO CATCIAL MYO CATCIAL MYO CATCIAL MYO CATCIAL MYO CATCIAL MYO CATCIAL MYO MYO CATCIAL MYO CATCIAL MYO CATCIAL MYO CAT	13	3. FATHER'S NAME								
Transport Tran	L				Kat	therine l	Asia			
18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (e).	15	5. WAS DECEASED EVE			INFORMANT		Address		City	, Md.
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate course (c), stelling the underlying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO PERFORMED? YES NO COURSED NO PERFORMED. YES NO COURSED NO COURSED NO PERFORMED. YES NO COURSED NO COURSED NO PERFORMED. YES	L	NO		513-10-1389 W	rs. Bertie E.	Windsea	Sylva	n Lane	Milio	ott_
DUE TO Conditions, if ony, which gove rise to immediate course (c), stelling the underlying course loss. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year While of work of work of work of the wo		PART I. DEAT	H WAS CAUSED BY:		Infarction			II.O	NSET AND DE	HTH
PERFORMED? YES \ NO \ 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. Zoc. TIME OF INJURY Month, Day, Year Hour o. m. 19 of work o	2	gove rise to immed (a), stating the u couse lost.	ny, which lible couse DUE TO (c)							yr
20c. TIME OF INJURY Month, Day, Year Month Day, Year M	015	3,48,111.0311	ER SIGNIFICACIO SOCIABILI		INOT KEENIED TO THE TERM	MINATOISTASE CC	MUTTON GIV	EIA IIA LWKI IÍO	PERF	DRMED?
20c. TIME OF INJURY Month, Day, Year Month Day, Year M	109	20g EXTERNAL CALL	ISE WAS 2015 D		Enter nature of injury in On	an I an Best II at 3	101		I TES [_]	NO []
21. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and find that death resulted fram: Natural causes Accident Suicide Hamicide Undetermined cause ACTUAL SIGNATURE DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) DATE THEREOF STONATURE DATE SIGNATURE ADDRESS Johns Cemetery 22d. REC'D BY REGISTRAR 24b. REGISTRAR SIGNATURE ADDRESS 24d. REC'D BY REGISTRAR 24b. REGISTRAR SIGNATURE					cater nature or injury in re	or for it or i	rem (o.)			
death resulted fram: Natural causes V. Accident , Suicide , Hamicide , Undetermined cause . ACTUAL SIGNATURE DATE SIGNED 2/10/62 EXAMINER'S NAME (Type) GEOTGE E. BUTG TOT M.D. DEPUTY MEDICAL EXAMINER 22d. LOCATION (City, town, or county) (Stote) Partial 2/13/1962 St. Johns Cemetery 22d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 22d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	MEDICA	20c. TIME OF INJUR Hour o. m. p. m.		While Not while foo	ACE OF INJURY (Home, for tary, street, office bldg., et	m, 20f. (City or	town)	(County)		(State)
ACTUAL SIGNATURE DATE	Г	21. I certify th	at I taak charge of	the remains described abo	ove, held an Autap	sy . Insp	ection ,	Inquiry	X), and	find that
SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 2/10/62 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 2/13/1962 St. Johns Constary 22d. LOCATION (City, town, or county) Ellicott City, Mi. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		death resulted	fram: Natural cau	ses 🔼 , Accident 🔲 , Su	icide 🔲, Hamicid	le 🔲, Unde	termined o	ause .		
NAME (Type) GEOTGE E. BUTGTT M.D. DEPUTY MEDICAL EXAMINENTS 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Burial 2/13/1962 St. Johns Cemetery Ellicott City, Mi. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			house &	Buytop	m.D.		1	2,	4 -	
REMOVAL (Specify) Bur 1a1 2/13/1962 St. Johns Comptery Ellicott City, Mi. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE		EXAMINER'S NAME (Type)	eorge E. B	urgtorf M.D.						
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	22	REMOVAL (Specify)							(Sto	le)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission) e. COUNTY b. COUNTY Howard MARYLAND Md. Howard b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) c. LENGTHLOF STAY IN 16 write RURAL and give negrest town) à Elkridge Elkridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Dorsey Rd., Box 237, Rt. 4 Box 237, Rt. 4 YES NO XX executed 3. NAME OF Middle 4. DATE Month DECEASED Rosalie Wright (Type or print) DEATH Feb. 25, 1962 VAK. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED carbon 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) female white April 2, 1870 WIDOWED XX DIVORCED [physician 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & Stelle, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired? U. S. A. housewife Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ple Charles Bosien Bertha Arick Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Elkridge 27, Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Leona M. Nitz, Box 237, KKXXXX Rt. no none Md. aw requires that g physician. signed by the 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) aftending Conditions, if any, which gave rise to immediate cause **DUE TO** (e), steting the underlying has cause last. 6 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 certificate PERFORMED? SIE S NO / 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. at work et work DIRECTOR 21. | certify that (I) (this hospital) attended the deceased from. saw the deceased alive OH 22e, SIGNATURI ATTENDING SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S death. Page TO FUNE! NAME (Type) Bruce Brumbaugh, M. D. 5609 Main Street, Elkridge 27, Md. 23d. LOCATION (City, town or county) 236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 2/28/62 Zion Cemetery Howard County, Maryland 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Chilar & Thous 15M 9/60 Howard H. Hubbard, 4107 Wilkens Avenue #29 DATE

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